

City of Bedford, Virginia
COMMISSIONER OF THE REVENUE

**Application for Real Estate
Tax Relief for the Elderly**

For Office Use Only

Tax Year _____

Amount _____

Date _____

Page _____ Line _____

INSTRUCTIONS TO APPLICANT:

The information required on this application must be filled out in its entirety and returned to the Office of the Commissioner of the Revenue. Applications must be filed by Aug. 1, of the taxable year for which the exemption is applied. Spaces on the application that are not applicable to the taxpayer should be completed as "Not Applicable" or "\$0.00" as indicated by the question. Questions that can not be answered within the spaces provided may be answered by attaching additional sheets to this application. This exemption is granted on an annual basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection. For additional information, please phone 540-587-6051.

Applicant: _____
(Property Owner) Last Name First Middle

Birth Date: _____ **Social Security No.** _____ **Phone** _____
Mo. Day Yr.

Spouse: _____
(Or Co-owner) Last Name First Middle

Birth Date: _____ **Social Security No.** _____ **Phone** _____
Mo. Day Yr.

Name under which property is listed and appears on the tax bill, if different from the applicant or spouse's name:

Name: _____

Residence Address: _____
Street No. Street

City State Zip Code

Mailing address if it is different from the residence address:

Street No. Street

City State Zip Code

Property Description:

Street Address: _____

Subdivision: _____ Section _____ Block _____ Lot _____

Land Area — Acreage or Sq. Ft. _____ Assessed Value _____ Tax _____

1. Is this residence occupied by the applicant as the sole dwelling? Yes ☐ No ☐

2. Is the applicant? Owner ☐ Partial Owner ☐

If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

3. List the names, relations, ages and social security numbers of all persons related to the applicant who occupy the above residence.

Name	Relation	Age	Social Security No.

Please complete this gross income statement for the preceding fiscal year. Included in this statement should be the total gross income for all sources of the applicant and all persons related to the applicant living in the above residence.

GROSS INCOME	Applicant	Spouse	Relatives living in residence
Gross Earnings	\$	\$	\$
Pensions			
Social Security			
Interest			
Dividends			
Rent(s)			
Welfare			
Gifts			
Capital Gains			
Other Sources			
Total	\$	\$	\$

Total Combined Gross Income of the Applicant, Spouse and Relatives \$ _____

Please complete this statement of net financial worth as of June 30, _____. Included in this statement should be the net financial worth, including equitable interests, of the applicant and spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated.

NET VALUE OF ASSETS	Applicant	Spouse	For Office Use Only
Real Estate*	\$	\$	\$
Personal Property			
Savings Account(s)			
Checking Account(s)			
Stocks			
Bonds			
Insurance (Cash Value)			
Other Assets:			
Total	\$	\$	\$

Total Combined Net Financial Worth of the Applicant and Spouse \$ _____

*Excluding dwelling and up to one acre on which dwelling is located. List all other real estate.

AFFIDAVIT

COMES NOW _____ of legal age, having first sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by ordinance, titled Real Estate Tax Relief for the Elderly shall nullify any exemption for the current taxable year.

I have read the foregoing affidavit and swear that its contents are true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

STATE OF VIRGINIA

Bedford, to wit:

I hereby certify that _____ personally appeared before me in my City and State aforesaid who being first duly sworn by me acknowledge the signature to the foregoing affidavit to be his own and stated that on information and belief the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my City and State aforesaid the _____ day of _____.

My commission expires _____

Notary Public

BEDFORD, VIRGINIA
Real Estate Relief for the Elderly
Requirements for Exemption

1. The title of the property for which exemption is claimed is held, or partially held, on July 1 of the taxable year, by the person or persons claiming exemption.
2. The person occupying the dwelling and owning title, or partial title, thereto is at least sixty-five years old or permanently and totally disabled on June 30 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of such person or persons.
3. The gross combined income of the owner during the year immediately preceding the taxable year shall be determined by the Commissioner of Revenue to be an amount not to exceed \$15,000. Gross combined income shall include all income from all sources of the owner and of the owner's relatives living in the dwelling for which exemption is claimed. "Owner" as used herein shall be construed as "owners".
4. The total combined financial worth of the owners as of June 30 of the year immediately preceding the taxable year shall be determined by the Commissioner of Revenue to be the amount not to exceed \$40,000. Total financial worth shall include the value of all assets, including equitable interest of the owner and of the spouse of the owner. Total financial worth shall not include the value of the household furniture or the fair market value of the dwelling and one acre of land upon which the dwelling is situated.
5. Annually, and not later than Aug. 1 of the taxable year, the person or persons claiming an exemption must file a real estate tax exemption affidavit with the Commissioner of Revenue.